

Name
in
Full

Sarah C. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smithville</i> Town		County <i>Kent</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>1</i>	Years <i>Age about 75</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>col</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Dont know</i>			Father's Birthplace <i>Kent Co md</i>		
Mother's Maiden Name <i>Dont know</i>			Mother's Birthplace <i>Kent Co md</i>		
Name of person giving information <i>George Carroll</i>			How related to deceased <i>Nous</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Celia</i>	<i>106</i>	How long <i>3 days</i>
Immediate <i>General debility</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John H. Hesse</i>
		Address <i>Morton Md.</i>
Accident or Suicide?		

Smithville

Name
in
Full

Mrs Ellen Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Morton Town Kent County

DATE of death 1906 Month July Day 13 Age 78 Years Months Days

Sex Female Color or Race White Birth-place Ireland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband John Campbell

Father's Name James Campbell Father's Birthplace W. I.

Mother's Maiden Name Don't Know Mother's Birthplace Ireland

Name of person giving information Mrs Alice Wrenning How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General Debility How long (10)

Immediate La Grippe How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John H. Hesse

Address Morton Ind.

Accident or Suicide? _____

J. H. Church

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sandy Bottom</i>		Town <i>Kent.</i>		County
	Date of death <i>1906 Feb. 27</i>		Age <i>1</i>		Months <i>8</i> Days <i>—</i>
	Sex <i>—</i>		Color or Race <i>African</i>		Birth-place <i>Sandy Bottom Md.</i>
	Occupation <i>—</i> Where Residing If not at place of death <i>—</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>Samuel. Carr</i>		Father's Birthplace <i>Md.</i>		
	Mother's Maiden Name <i>Margha Weeks.</i>		Mother's Birthplace <i>Md.</i>		
	Name of parson giving information <i>Samuel Carr</i>		How related to deceased <i>Father</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>3 days</i>		(93)
	Immediate <i>As Lamentation</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank W. Smith</i>		
			Address <i>Barke Md.</i>		
	Accident or Suicide?				

J. E. H. Georgetown

Name
in
Full

John Joseph Dixon

CERTIFICATE OF DEATH

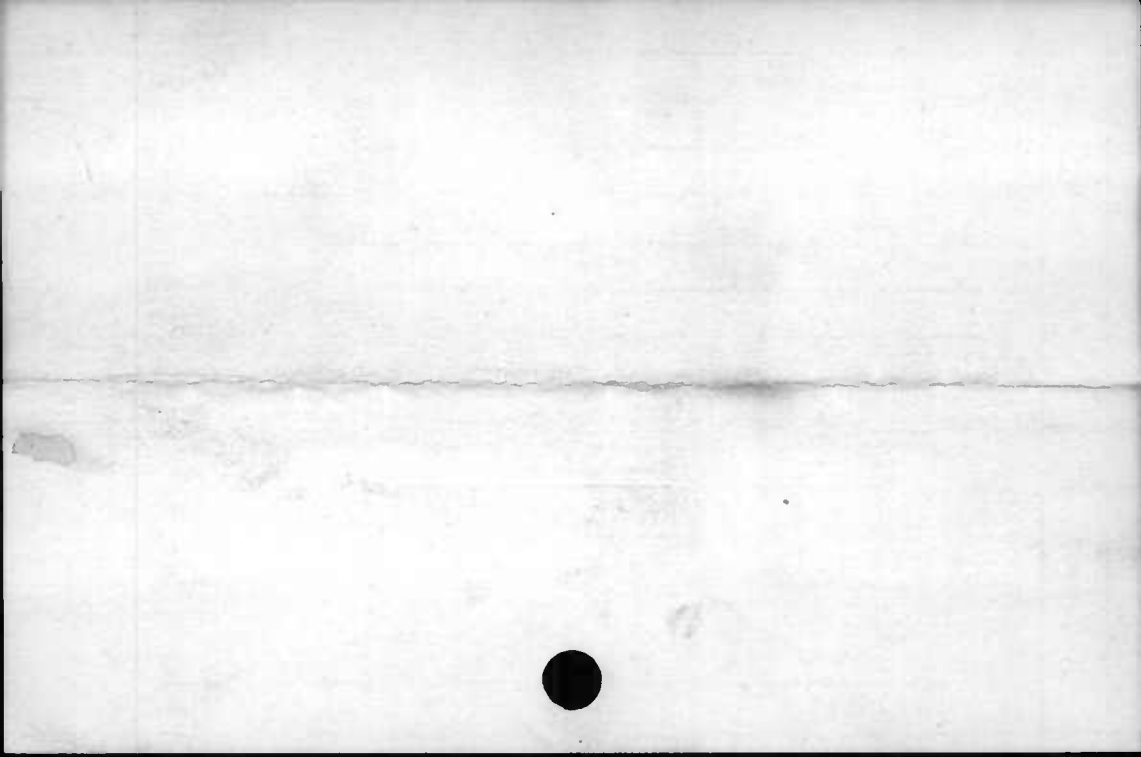
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Galena		County Kent		MARYLAND	
Date of death	1906	Month Feb	Day 14	Age	Years 1	Months 8	Days 27
Sex	Female		Color or Race	White		Birth- place	Galena, Md.
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	Single		Name of Wife or Husband —				
Father's Name	Joseph Dixon					Father's Birthplace	Kent Co. Md.
Mother's Maiden Name	Fanny Leamp					Mother's Birthplace	Kent Co. Md.
Name of person giving In formation	Joseph Dixon					How related to deceased	Father

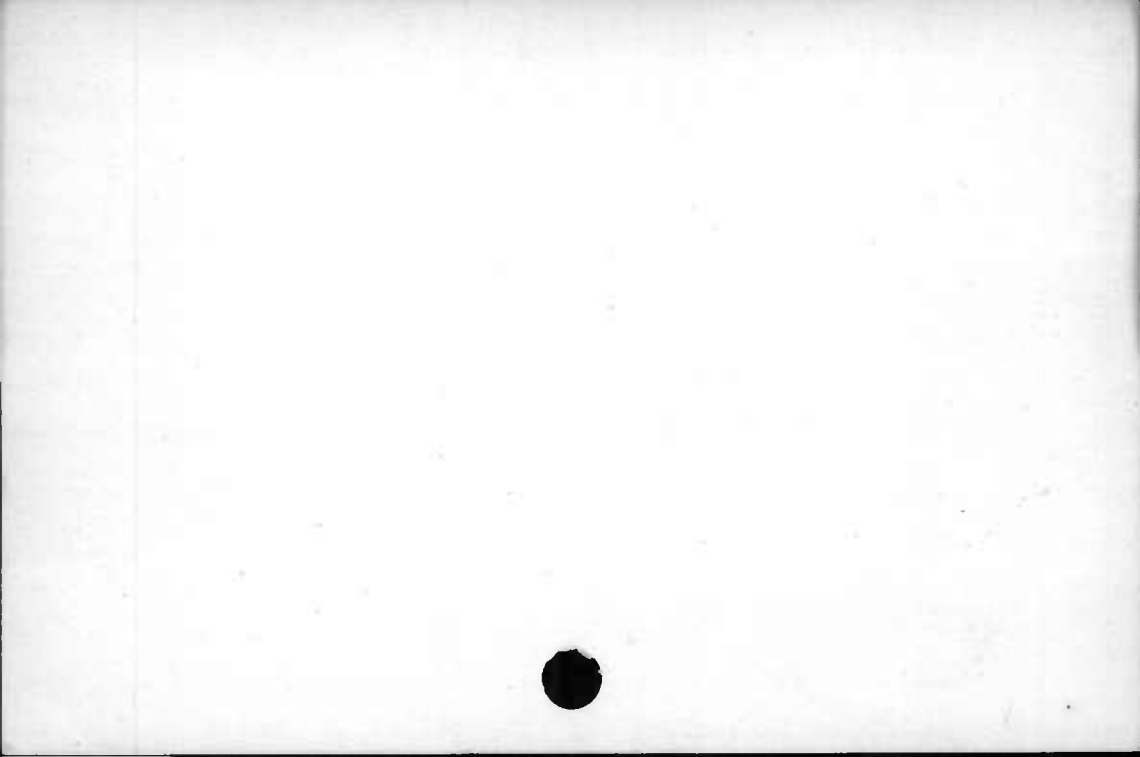
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastritis Bronchitis		How long	1 week
Immediate	Inanition		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Edward A. Scott.
			Address	Galena, Md.
Accident or Suicide?				



Name in Full		Evelyn Marie Everett				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town near Massesys	County Kent		MARYLAND		
		Date of death	1906	Month 2	Day 6	Age 3000	Months 2	Days 4	
		Sex	Female		Color or Race	White		Birth-place	Ind
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed			Name of Wife or Husband				
		Father's Name	Samuel Everett				Father's Birthplace	Ind	
		Mother's Maiden Name	Mattie Benson				Mother's Birthplace	Ind	
		Name of person giving information	Samuel Everett			How related to deceased	Father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Pneumonia				How long	4 days	
		Immediate					How long		
		Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician				Dr. W. H. Jacobs
					Address				Millington Ind
		Accident or Suicide?							



Name
in
Full

Paul Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lo. Neck* ^{Town} *Kent* ^{County}
 Date of death *1906* ^{Month} *Feb.* ^{Day} *26* ^{Years} *21* ^{Months} *—* ^{Days} *—*
 Sex *Male* Color or Race *Black* Birth-place *Kent Co Md*
 Occupation *Farm hand* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *none*
 Father's Name *Robt. Gilbert* Father's Birthplace *Kent Co Md*
 Mother's Maiden Name *Ellen Johnson* Mother's Birthplace *Kent Co Md*
 Name of person giving information *Harvey H. Jones* How related to deceased *Mother 2. Gilbert*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Consumption of the Lungs* *(27)* How long *8 mos*
 Immediate *Acute. pneumonia* How long *2 Weeks*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C. W. Wheland M.D.*
 Address *Chestertown Md*
 Accident or Suicide? *—*

J. E. F. Quaker neck.

Name
in
Full

Senator Groves

CERTIFICATE OF DEATH

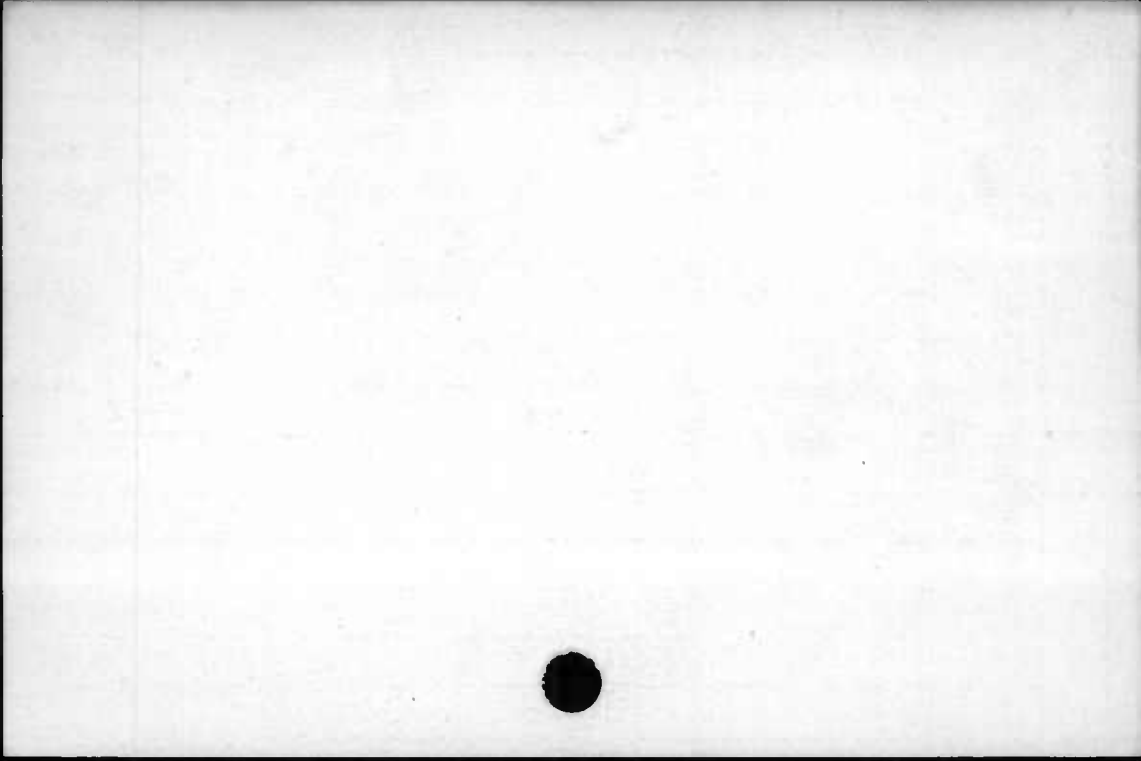
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edenville</i>		Town <i>Edenville</i>		County <i>Kent Co</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Dec.</i>	Day <i>14</i>	Age	<i>18</i>	Months <i>18</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Kent Co.</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Samuel Groves</i>				Father's Birthplace <i>Kent Co</i>			
Mother's Maiden Name <i>Lillie Ward</i>				Mother's Birthplace <i>Kent Co.</i>			
Name of person giving information <i>Samuel Groves</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter D. [illegible]</i>
	Address <i>Porter, Kent Co</i>
Accident or Suicide?	



Name
in
Full

George F. Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chester town</i>		County <i>Kent</i>		MARYLAND,	
Date of death	1906	Month	<i>Feb</i>	Day	<i>10</i>	Years	<i>53</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation	<i>Blacksmith</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband				
Father's Name	<i>John T. Hall</i>					Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Mary A. Griffin</i>					Mother's Birthplace	<i>Del.</i>
Name of person giving information	<i>Mary E. Miller</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's, mitral regurgitation</i>		How long	
Immediate	<i>Pneumonia (lobar)</i>		How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>W. G. Simpson</i>
			Address	<i>Chester town, Md</i>
Accident or Suicide?		<i>No.</i>		

J. E. H. Lecheater cemetery

Name
in
Full

Lurie Hazard.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salt</i> Town		County <i>Kent</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Feb</i>	Day <i>14</i>	Years <i>45</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Co, Md.</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>House maid</i>				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H M Jeter M.D.</i>
	Address <i>Millington, Md.</i>
Accident or Suicide?	



Name

in

Full

Samuel Kilbourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

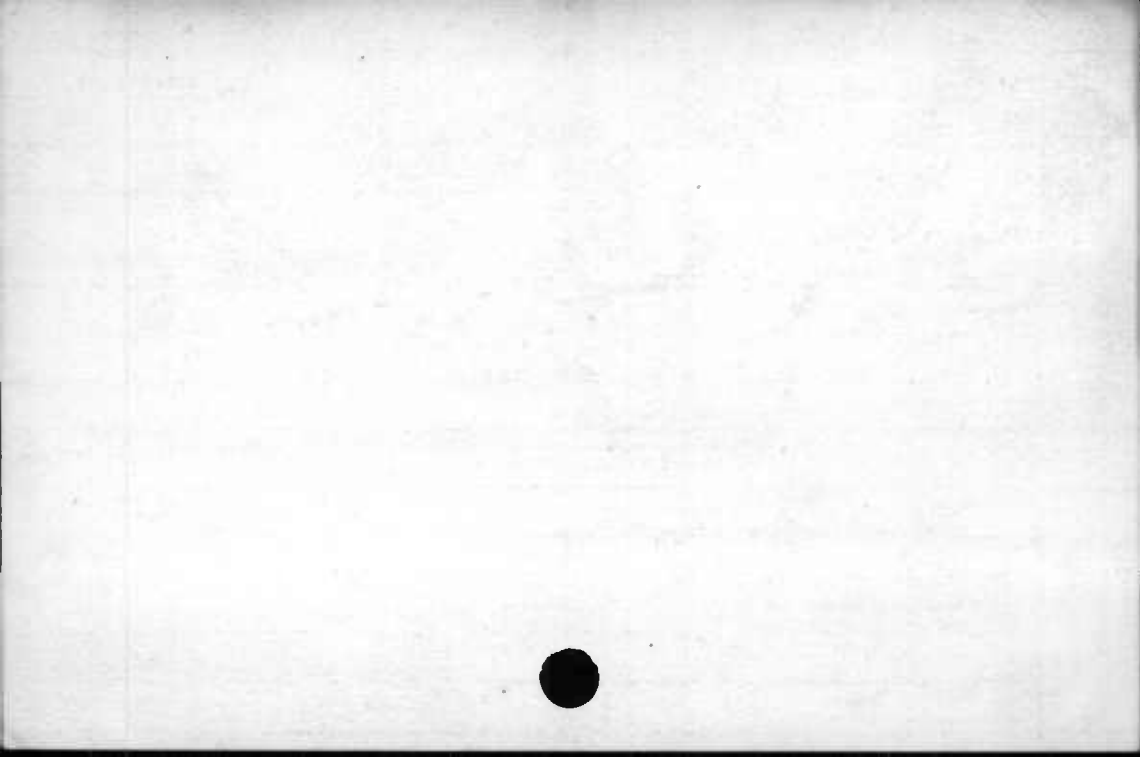
MARYLAND

Died at <i>Lanckford</i> ^{Town}		<i>Kent</i> ^{County}			
Date of death <i>1906</i>	<i>Feb.</i> ^{Month}	<i>5th</i> ^{Day}	Age <i>61</i> ^{Years}	<i>7</i> ^{Months}	<i>28</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>Lanckford Md.</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or husband <i>Mary B. Vickens Md.</i>			
Father's Name <i>Samuel Kilbourne</i>			Father's Birthplace <i>Balto Md.</i>		
Mother's Maiden Name <i>Clivia Hannah</i>			Mother's Birthplace <i>Balto Md.</i>		
Name of person giving information <i>John V. Kilbourne</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>likely 2 years.</i>
Immediate <i>Cold from exposure</i>	How long <i>one week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bunge Simmons</i>
	Address <i>Chestertown Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Kennedyville</u> <small>Town</small>		<u>Kent</u> <small>County</small>		
		Date of death <u>1906 Feb</u> <small>Month</small>		<u>5</u> <small>Day</small>	<u>63</u> <small>Years</small>	<u>—</u> <small>Months</small>
		Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Ireland</u>	
		Occupation <u>House Painter</u>		Where Residing if not at place of death <u>—</u>		
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>—</u>			
		Father's Name <u>Wm H Lane</u>	Father's Birthplace <u>Ireland</u>			
		Mother's Maiden Name <u>Mary Taylor</u>	Mother's Birthplace <u>Ireland</u>			
Name of person giving information <u>Wm Lane</u>		(27)		How related to deceased <u>son & wife</u>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Pulmonary Tuberculosis.</u>		How long <u>one year.</u>		
		Immediate <u>Chronic diarrhoea & ex haem. toxic.</u>		How long <u>one year</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E E Barwick</u>		
				Address <u>Kennedyville</u>		
				<u>Ireland</u>		
Accident or Suicide? <u>—</u>						

Kennedy

Name
in
Full

Baby - Maslie

CERTIFICATE OF DEATH

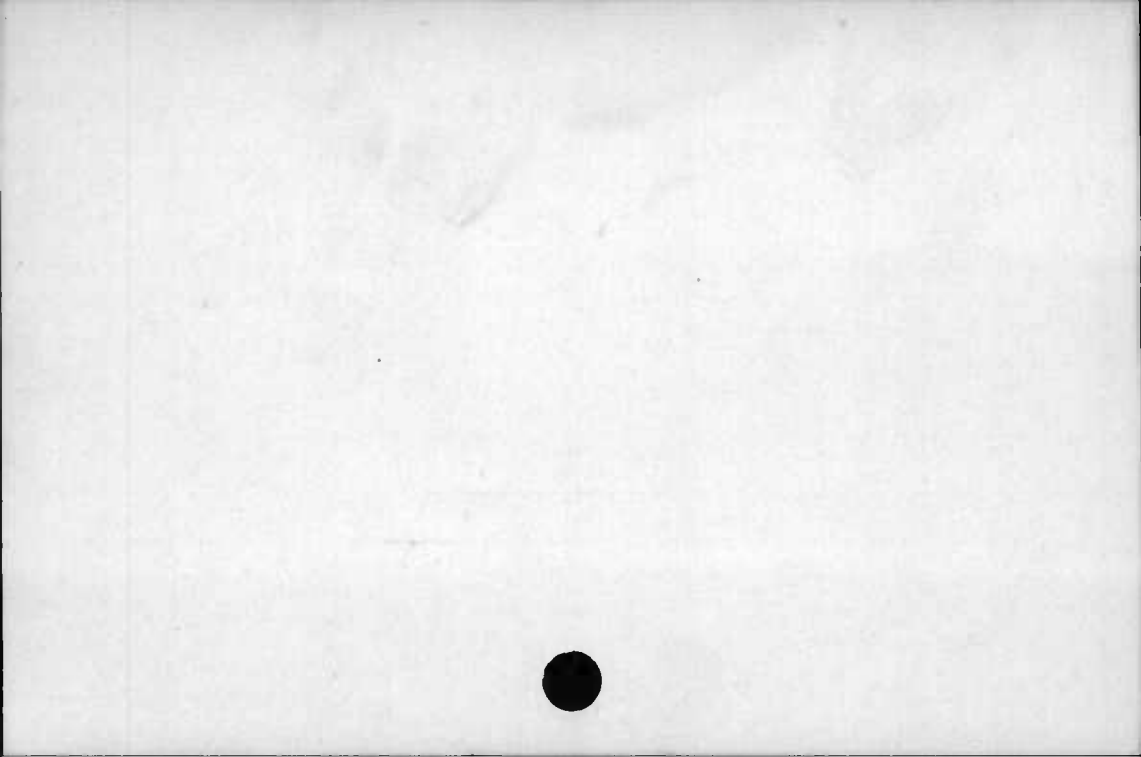
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Massey</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>Feb</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	Months <u>—</u>	Days <u>25</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Massey, Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Harvey Maslie</u>			Father's Birthplace <u>Kent Co.</u>		
Mother's Maiden Name <u>Edith Hudson (Maslie)</u>			Mother's Birthplace <u>Kent Co.</u>		
Name of person giving information <u>Harvey Maslie</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart trouble</u>	How long <u>24 hours</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. P. Gorman MD</u>
<u>Yes,</u>	Address <u>Millington Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Still Born Infant *Maryland*

Died at *New* *Synch* *Kent* *County*

Date of death *1906* Month *Feb* Day *11* Age *—* Months *—* Days *—*

Sex *—* Color or Race *black* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *Agnes Massey* Mother's Birthplace *md*

Name of person giving information *Walter Massey* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. S. Maxwell*

Address *Still Pond, Md.*

Accident or Suicide? *—*

Flourish Chry

Name
in
Full

Josiah Massery

CERTIFICATE OF DEATH

Died at ^{Town} near Chestertown^{County} Kent

MARYLAND

Date
of death 190Month
FebDay
24

Age

Years
4Months
11Days
28

Sex

Male

Color or
Race

White

Birth-
place

Kent Co Md

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
Husband

Annie Elizabeth Evans

Father's
Name

Josiah

Father's
Birthplace

Kent

Mother's
Maiden Name

Mary J Kirby

Mother's
Birthplace

Queen Anne Co

Name of person giving
In formation

Wife (Annie E. Massery)

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Bright's Disease

How long

about 2 years

Immediate

Heart Complications

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. Frank Heines

Address

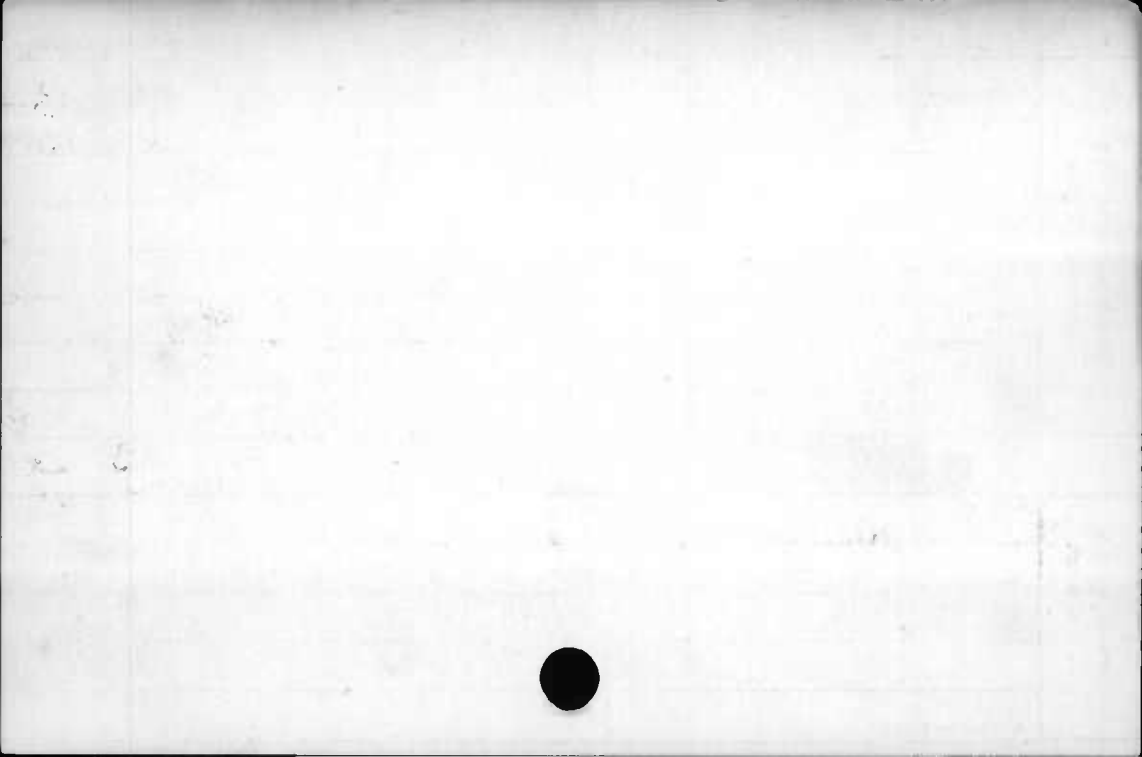
Chestertown

Kent Co Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo W. Kerriggold</i>		Town <i>Pomona</i>		County <i>Kent</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>Feb</i>		Day <i>24</i>	
Age <i>85</i>		Years <i>85</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Kent Co</i>			
Occupation <i>Laborer</i>		Where Residing If not at place of death <i>Pomona</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Coraline Kerriggold</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving In formation <i>Geo A. Thompson</i>		How related to deceased <i>not related</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>		How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Byrge Simmons</i>
		Address <i>Chestertown Md.</i>
Accident or Suicide?		

J. E. H. Quaker meet.

Name
in
Full

Francis A. Sapp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lynch</u> Town		County <u>Kent</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb</u>	Day <u>6</u>	Age <u>75</u> Years	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Sapp</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mary Pierce</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Mrs. Paulson</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Softening of the brain.</u>	How long <u>10 years,</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Wm. S. Maxwell.</u>
	Address <u>Stitt Pond, Md.</u>
Accident or Suicide?	

Still Pond.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *James Spry* Town *Keokuk* County *Keokuk*Date of death *1906* Month *Feb* Day *26th* Age *48* Years

Months Days

Sex *Male* Color or Race *White* Birthplace *Kent Co Md*Occupation *Farmer* Where Residing if not at place of death *At home*Married, Single or Widowed *Married* Name of Wife or Husband *Sara E Tracy*Father's Name *William Spry* Father's Birthplace *Maryland*Mother's Maiden Name *Mary Merritt* Mother's Birthplace *Maryland*Name of person giving information *Merritt Spry* How related to deceased *Son*

CAUSES OF DEATH

Primary *Cerebral Meningitis, Traumatic*How long *2 weeks*Immediate *Louma*How long *6 hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

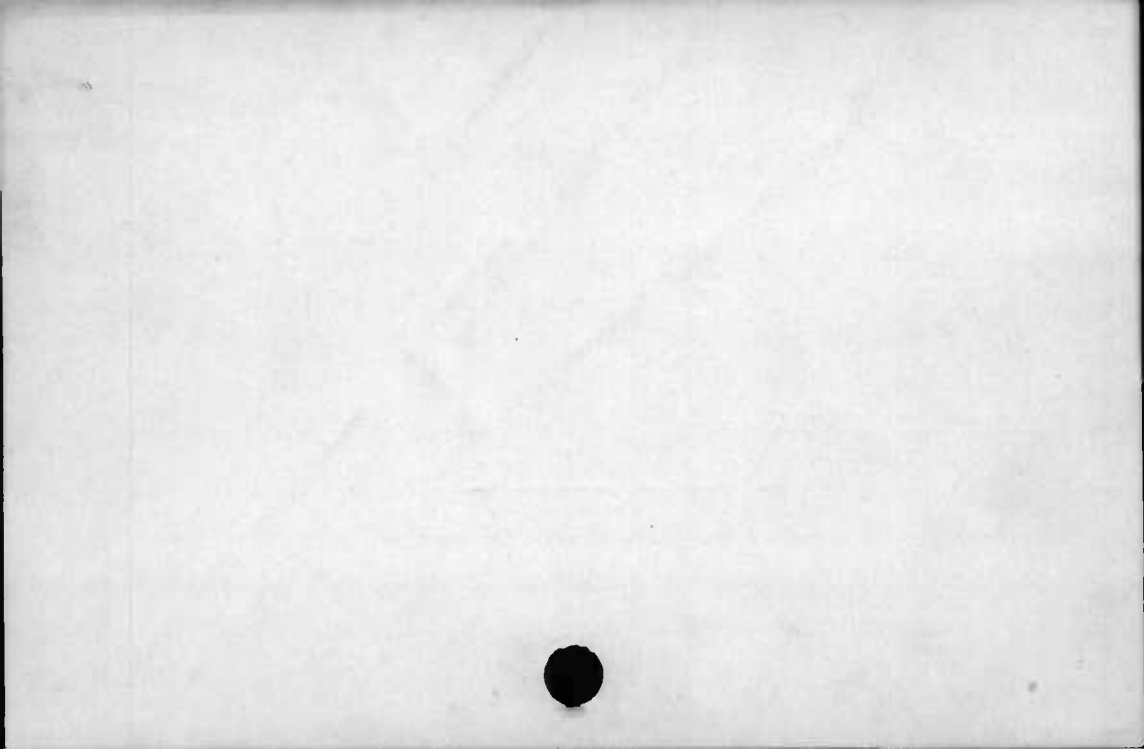
Signature of Physician

Address

C P Lawrence M.D.
Millington
Md

Accident or Suicide?

*Accident*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i> ^{Town}		<i>Kent Co</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Feb.</i> ^{Month}	<i>12</i> ^{Day}	<i>33</i> ^{Years}	<i>11</i> ^{Months}	<i>8</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Rock Hall Kent Co</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robt. Susco</i>				
Father's Name <i>Okas. Brookins</i>			Father's Birthplace <i>Kent Co</i>		
Mother's Maiden Name <i>India Scott</i>			Mother's Birthplace <i>Kent Co</i>		
Name of person giving information <i>Robt. Susco</i>			How related to deceased <i>Husband</i>		

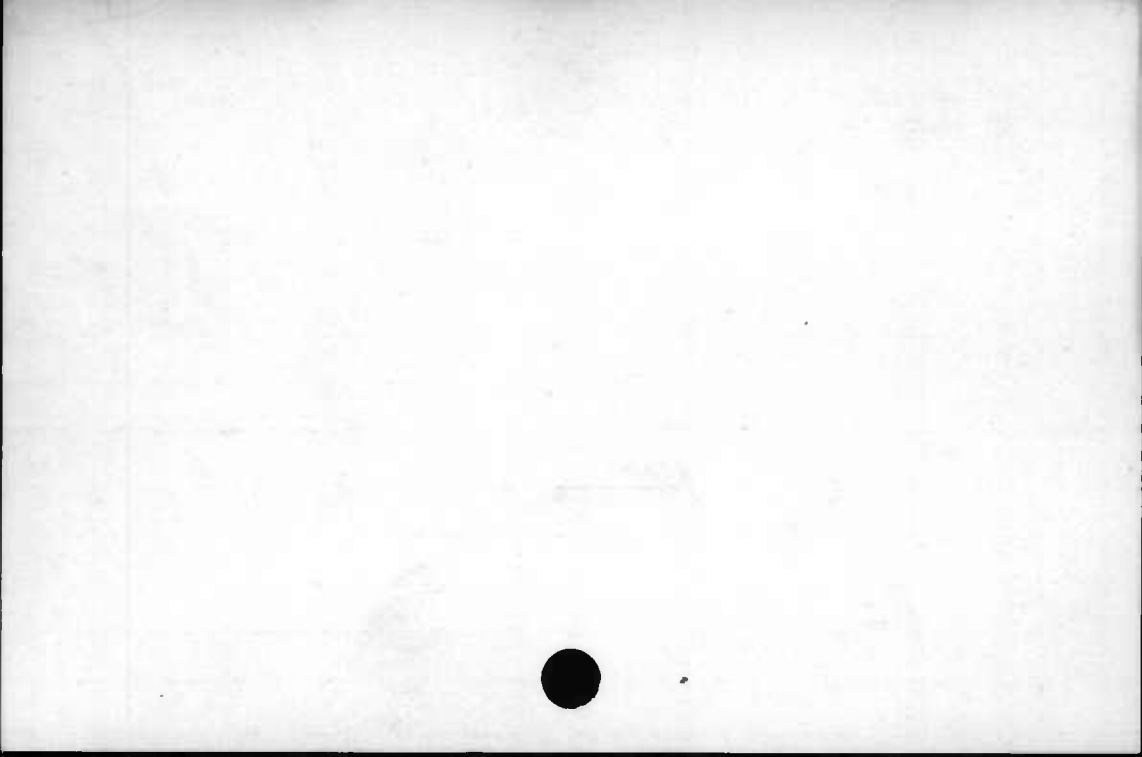
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>27</i> ^{Years}
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter O. July Me</i>
	Address <i>Rock Hall Kent Co</i>
Accident or Suicide?	



Name in Full		Gratton Wesley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		Month		Years		Months
	1906		Feb.		6		11
	Sex		Color or Race		Birthplace		Days
	Male		Black		Kent Co.		10
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Henry Wesley				Father's Birthplace	
Mother's Maiden Name		Carrie Brooks				Mother's Birthplace	
Name of person giving information		Henry Wesley				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		9 days
	Immediate		Exhaustion		How long		2 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Walter O. Selby, M.D.
					Address		Rock Hall, Kent Co.
	Accident or Suicide?						



Name
in
Full

Dortha Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neas Still Pond</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death	1906	Month	<i>Feb</i>	Day	19	Age	<i>7</i>
Sex	<i>female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Davis Wilmer</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Bertie Brooks</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Davis Wilmer</i>					How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>9</i>
Immediate	<i>Bronchitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. P. Atwell M.D.</i>
		Address	<i>Still Pond</i>
			<i>Ind</i>
Accident or Suicide?			

Still Pond

Name
in
Full

O. S. Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Still Pond</i>		<i>Hart</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>20</i>	Age <i>13</i>	Months <i>11</i>	Days <i>20</i>
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>	
Occupation <i>---</i>			Where Residing if not at place of death <i>---</i>		
Married, Single or Widowed <i>---</i>		Name of Wife or Husband <i>---</i>			
Father's Name <i>Davis Wilmer</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Rena Brooks</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Daniel Wilmer</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>(22)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. P. Atwell M.D.</i>
		Address	<i>Still Pond Ind.</i>
Accident or Suicide?			

Still Pond